

CHANGE OF FINANCIAL CIRCUMSTANCES FORM

ACADEMIC YEAR 2007-08

STUDENT NAME: _____ Student I.D. No.: _____

Dowling College recognizes that situations occur which may affect a student's eligibility for federal financial aid. This form is to be completed by any student whose financial circumstances have changed and whose income for 2007 is expected to be significantly lower than it was in 2006.

Please complete this form and submit it to the Student Financial Services office with the appropriate documentation. The Student Financial Services staff will review your request based upon documentation and policies established by the U.S. Department of Education. **All income declared on this form must be documented by providing copies of the most recent pay stubs, signed 2006 tax returns, and specified documents.**

I. Please review the section below and indicate which situation applies to you or your parent(s).

- Loss of employment or change of employment status Date of change _____
- Loss of earnings due to disability Date of disability _____
- Untaxed income or benefits received in 2005 has completely ceased as of ____/____/____. *You must provide documentation from the agency providing the benefits.*
- Death of a parent or spouse, which occurred after applying for financial aid. *You must supply a copy of the death certificate.*
- Divorce or separation, which occurred after applying for financial aid. *You must provide a copy of the divorce decree or a letter from a lawyer confirming separation/divorce proceedings.*

II. If appropriate, provide an explanation for the circumstances surrounding the reduction in your expected 2007 family income.

III. Please estimate your family income for the entire year, January 1, 2007 through December 31, 2007 in each area listed below. Use annual amounts in each space. (If none, enter zero).

EXPECTED 2007 INCOME:

Father's Wages:

Actual amount earned to date (from last pay stub) _____

Estimated amount to be earned (after last pay stub) _____

Mother's Wages:

Actual amount earned to date (from last pay stub) _____

Estimated amount to be earned (after last pay stub) _____

Student's Wages:

Actual amount earned to date (from last pay stub) _____

Estimated amount to be earned (after last pay stub) _____

Spouse's Wages:

Actual amount earned to date (from last pay stub) _____

Estimated amount to be earned (after last pay stub) _____

Total Wages 2007 _____

- Pensions _____
- Interest/Dividend Income _____
- Business Income _____
- Capital Gains _____
- Unemployment Compensation _____
- Social Security _____
- Disability Benefits _____
- Worker's Compensation _____
- Public Assistance _____
- Child Support _____
- Veteran's Benefits _____
- Cash Support _____
- Other Income _____

IV. All the information on this form is true to the best of my knowledge. The penalty for providing fraudulent information may be repayment of any funds received.

Signature of Student _____ Date _____ Signature of Parent (if dependent) _____ Date _____

V. Upon completion of all sections of this form, submit this form and all supporting documentation to:

Dowling College Student Financial Services Office 150 Idle Hour Blvd. Oakdale, NY 11769-1999